

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

UNITED STATES OF AMERICA

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§  
§  
§  
§

v.

Criminal No. 4:21-cr-00009

ROBERT T. BROCKMAN

**DEFENDANT'S UNOPPOSED MOTION FOR DISMISSAL OF INDICTMENT**

Defendant Robert T. Brockman died on August 5, 2022. A copy of his death certificate is attached as Exhibit A hereto.<sup>1</sup>

The government initially informed defense counsel that the government would move for dismissal upon receipt of the death certificate, which was provided to the government on August 23, 2022. The government subsequently asked that defense counsel make this motion, and report to the Court that it is unopposed by the government.

Accordingly, the defense moves this Court for the dismissal of the indictment.

Dated: September 7, 2022

/s/ Jason S. Varnado

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<sup>1</sup> Mr. Brockman's death certificate attached hereto as Exhibit A has been redacted in compliance with Federal Rule of Criminal Procedure 49.1.

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*Attorneys for Defendant  
Robert T. Brockman*

**CERTIFICATE OF SERVICE**

I certify that on this 7th day of September, 2022, I electronically served this document on all counsel of record.

*/s/ Jason S. Varnado*  
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Jason S. Varnado

# EXHIBIT A

## CERTIFICATION OF VITAL RECORD

## CITY OF HOUSTON

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Aug 17 2022

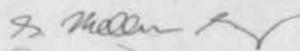
STATE OF TEXAS CERTIFICATE OF DEATH				STATE FILE NUMBER 142-22-149043	
<p>1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last)</p> <p>ROBERT THERON BROCKMAN</p> <p>2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p> <p>3. DATE OF BIRTH (mm-dd-yyyy) <input type="text"/> 5. AGE-Last Birthday (Years) <input type="text"/> 6. UNDER 1 YR Mo <input type="text"/> Days</p> <p>7. SOCIAL SECURITY NUMBER <input type="text"/> 8. MARITAL STATUS AT TIME OF DEATH  <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (and not remarried)  <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown</p> <p>9. SURVIVING SPOUSE'S NAME (if spouse, give name prior to first marriage) DOROTHY HAMMERS</p>				<p>7. UNDER 1 DAY Hours <input type="text"/> Min</p> <p>8. BIRTHPLACE (City &amp; State or Foreign Country) SAINT PETERSBURG, FL</p> <p>10a. RESIDENCE STREET ADDRESS <input type="text"/></p> <p>10b. COUNTY <input type="text"/> 10c. STATE <input type="text"/> 10f. ZIP CODE <input type="text"/> 10g. INSIDE CITY LIMITS? HARRIS TEXAS 77027-4124 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10d. APT. NO. 10e. CITY OR TOWN <input type="text"/> HOUSTON</p>	
<p>11. FATHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE ALFRED EUGENE BROCKMAN</p> <p>12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE PEARL BROWN</p>				<p>13. PLACE OF DEATH (CHECK ONLY ONE)  <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DGA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <input type="text"/></p>	
<p>14. COUNTY OF DEATH <input type="text"/> 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <input type="text"/> 16. FACILITY NAME (If not institution, give street address) HARRIS HOUSTON, 77027-4124 <input type="text"/></p>				<p>17. INFORMANT'S NAME &amp; RELATIONSHIP TO DECEASED DOROTHY BROCKMAN - SPOUSE</p> <p>18. METHOD OF DISPOSITION  <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation  <input type="checkbox"/> Embalming <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum  <input type="checkbox"/> Other (Specify) <input type="text"/></p> <p>19. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MICHAEL J. LOMBARD, BY ELECTRONIC SIGNATURE - 112970</p>	
<p>20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MICHAEL J. LOMBARD, BY ELECTRONIC SIGNATURE - 112970</p>				<p>21. <input type="checkbox"/> Unknown Section Cremation Block <input type="text"/> Lvl <input type="text"/> Space <input type="text"/></p>	
<p>22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) GULF COAST CREMATORY</p> <p>23. LOCATION (City/Town, and State) HOUSTON, TX</p>				<p>24. NAME OF FUNERAL FACILITY GEO. H. LEWIS &amp; SONS</p> <p>25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1010 BERING DRIVE, HOUSTON, TX 77057</p>	
<p>26. CERTIFIER (Check only one)  <input checked="" type="checkbox"/> Certifying physician To the best of my knowledge, death occurred due to the cause(s) and manner stated.  <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.</p>				<p>27. SIGNATURE OF CERTIFIER ELIZABETH STRAUCH, BY ELECTRONIC SIGNATURE</p> <p>28. DATE CERTIFIED (mm-dd-yyyy) <input type="text"/> 29. LICENSE NUMBER <input type="text"/> 30. TIME OF DEATH (Actual or presumed) AUGUST 9, 2022 H5807 11:47 PM</p>	
<p>31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) ELIZABETH STRAUCH 1905 HOLCOMBE, HOUSTON, TX 77030</p>				<p>32. TITLE OF CERTIFIER MD</p>	
<p>33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.</p>				<p>Approximate interval Onset to death</p>	
<p>34. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH - BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.</p>				<p>UNKNOWN</p>	
<p>35. MANNER OF DEATH  <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined</p>				<p>36. DID TOBACCO USE CONTRIBUTE TO DEATH?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p> <p>37. IF FEMALE:  <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death  <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death  <input type="checkbox"/> Unknown if pregnant within the past year</p>	
<p>38. IF TRANSPORTATION INJURY, SPECIFY:  <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <input type="text"/></p>				<p>39. IF INJURY AT WORK?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>40a. DATE OF INJURY (mm-dd-yyyy) <input type="text"/> 40b. TIME OF INJURY <input type="text"/> 40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				<p>40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)</p>	
<p>40e. LOCATION (Street and Number, City, State, Zip Code)</p>				<p>40f. COUNTY OF INJURY</p>	
<p>41. DESCRIBE HOW INJURY OCCURRED:</p>				<p>42a. REGISTRAR FILE NO. <input type="text"/> 42b. DATE RECEIVED BY LOCAL REGISTRAR <input type="text"/> 42c. REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED</p>	
<p>42d. EDR NUMBER <input type="text"/></p>				<p>S. Kellen Sweeny Local Registrar</p>	

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED

08/17/2022

LB


S. Kellen Sweeny  
Local Registrar

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

